

CalWORKs STAGE ONE CHILD CARE REQUEST FORM AND PAYMENT RULES

If you are a California Work Opportunity and Responsibility to Kids (CalWORKs) recipient and you are employed or attending a welfare-to-work activity, you may be eligible for paid child care. Child care payments in Stage One cannot go back more than 30 calendar days from the date you request paid child care from your worker. In order to receive paid child care in Stage One, you must be determined eligible and your provider has to meet certain requirements.

You must sign and return this form to your worker. You may also use this form to request child care if you need it at this time.

Please check one of the following:

- ☐ I need paid child care assistance at this time so that I can go to work or attend my welfare-to-work activity.
- ☐ I do not need paid child care at this time. I understand that I must request paid child care from my worker if I need it in the future.

I understand that as a CalWORKs recipient, paid child care is available to me to work and attend my welfare-to-work activity.

If I need assistance to find and/or choose a child care provider, I can contact the local Child Care Resource and Referral agency listed below:

Name: _____ Telephone: () _____

Address: _____

I understand that I must inform my worker as soon as I have a need for paid child care. I understand that CalWORKs will help me pay for child care only after I request paid child care. My worker's telephone number is: () _____

I understand that after I ask for help paying for child care, I will have to give my worker certain information to see whether or not I am eligible. I understand that I need to request paid child care within 30 calendar days from the first day I receive services from my provider. This way, my child care provider can be paid for the services s/he provides to me.

I understand that my child care provider has to meet certain requirements in order to get paid, and I must pay for any child care services I receive if my child care provider does not meet these requirements.

I have read this notice or have had it read to me, and I understand that if I have any questions or need additional information regarding this notice, I can ask my worker.

CASE NAME (PLEASE PRINT)	CASE NO.
SIGNATURE	DATE
WORKER NAME	PHONE